


United States Environmental Protection Agency  
Washington, D.C. 20460  
**DATA CALL-IN RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address ZEP, INC. 3330 CUMBERLAND BLVD., SUITE 700 ATLANTA, GA 30339		2. Case # and Name 0569 - Sodium dichloroisocyanurate dihydrate Chemical # and Name: 081407 Sodium dichloroisocyanurate dihydrate		3. Date and Type of DCI and Number 17-Jun-2019 GENERIC ID # GDCI-081407-1769	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
1270-211				N/A	N/A
*Product ingredient source information may be entitled to confidential treatment*					
8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.					
Signature and Title of Company's Authorized Representative <u>Dr. Connie B. Welch-DuJardin</u>				9. Date 9/24/2019	
10. Name of Company Zep, Inc.				11. Phone Number 703-754-0248 x8118	